(Print Name of Johnyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 2 1 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

•	s partnership, firm o sional Associatio	or corporation, if any:		
	ne of partnership, firm o			
18 Centre Str		Concord	NH	03301
Business Address: (Str	reet)	(Town/City)	(State)	(Zip Code)
(603) <u>225-7170</u> (Telephone)	⁽⁶⁰	03) 226-0165 (Fax)	c-mail_attys@bi	ancopa.com_
		file separate reports fo e not attributable to a	or each client, OR you ma ny one client).	y file a separate repoi
•	•	the months prior to the	reporting date relative to the	e following client:
Apartment Asso		as it appears on the Lobbyi	ct Degistration Form	
<u>OR</u>	(Full Name of Client a	as it appears on the Lobbyi	st Registration Form)	
		st (including the lobbyis	t's family), or the lobbying	firm listed below which
IV. Date of Report Reports cover: activ	April 26, 2017 [ntion to 3/3 1/17 a	July 26, 2017 X ctivity from 4/1/17 to 6/30/17	
	October 25, 2017 activity from 7/1/17 to		January 31, 2018 activity from 10/1/17 to 12/31/	17
			ansactions made since the ceretary of State's Office, S.	
VI. Check if addition	al reports are attact	ied:		
If you have receiv	ed fees or made expe	nditures, you must file /	Addendum A- Fees and Ex	
l - If you have paid a Expense Reimburseme		bursed expenses, you m	ust file Addendum B- Rej	oort of Honorariums or
If you, your firm,	or your family has m	ade political contributio	ns. you must file Addendu	m C– Political Contrib
Sworn Statement/Afi I have read RSA 15. R and complete to the bo	ISA 15-B, RSA 14-C	and RSA 664 and hereb	y swear or affirm that the f	oregoing information is
Hall	SMUT		1(181)	01/

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/A	ffirma	ation	by I	Lobby	/ist
Statem	ent of	Incom	e and	Ехре	ensc	s for:	

Name of Lobbying partners	hip, firm, or corpo	ration; Bianco Profess	ional Association					
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Apartment Association of NH								
Date of Report (check one)	*							
April 26, 2017 □ Ju	ıly 26, 2017 K l	October 25, 2017 🗆	January 31, 2018 □					
			nd Expenses described above, and umber of Addendum forms being					
Addendum A(s).								
Addendum B(s).								
Addendum C(s).								
I hereby swear or affirm th complete to the best of my			nt and each Addendum is true and					
(Signature of lobbyist)			7/15/17 (Date)					
Karen Soucy								
(Print Name of lobbyist)								